



Health Insurance Program Monthly Report



Prepared for:

Kentucky Group Health Insurance
Board Members

July 2018

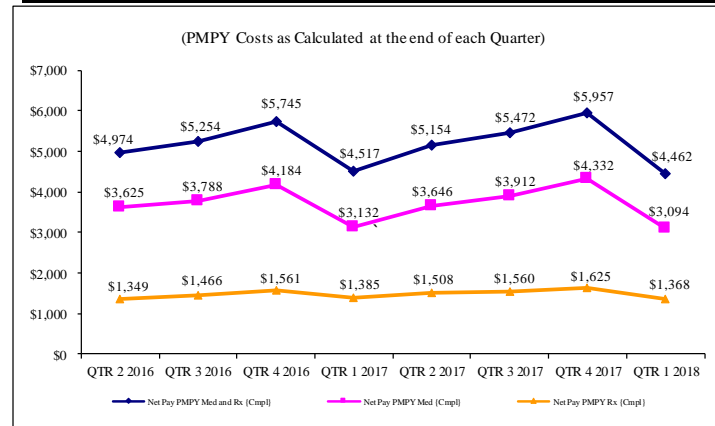
DASHBOARD REPORT: BASED ON INCURRED CLAIMS THROUGH FEB 2018

Includes Projections for Incurred, but Not Yet Reported (IBNR)

Enrollment

Fact	Mar 2017 - Feb 2018	Mar 2016 - Feb 2017	% Change
Employees Avg Med	145,296	146,371	-0.73%
Members Avg Med	263,594	262,021	0.60%
Family Size Avg	1.8	1.8	1.34%
Member Age Avg	36.8	36.9	-0.35%

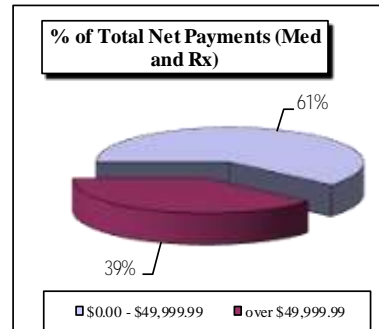
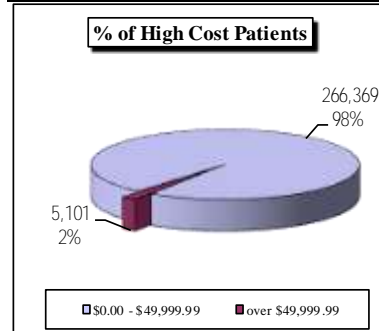
Net Incurred Claims Cost per Member



Allowed Claims Costs PMPY with Norms

	Mar 2016 - Feb 2017	Mar 2017 - Feb 2018	% Change	Recent US Norm	Comp to Norm
Allow Amt PMPY Med {Cmpl}	\$4,487.57	\$4,613.95	3%	\$4,917.86	-6.59%
Allow Amt PMPY IP Acute {Cmpl}	\$1,269.76	\$1,333.24	5%	N/A	N/A
Allow Amt PMPY OP Med {Cmpl}	\$3,204.76	\$3,268.78	2%	\$3,465.57	-6.02%
Allow Amt PMPY OP Fac Med {Cmpl}	\$1,779.69	\$1,800.75	1%	N/A	N/A
Allow Amt PMPY Office Med {Cmpl}	\$918.25	\$959.62	5%	N/A	N/A
Allow Amt PMPY OP Lab {Cmpl}	\$210.82	\$218.13	3%	N/A	N/A
Allow Amt PMPY OP Rad {Cmpl}	\$443.60	\$453.74	2%	N/A	N/A
Out of Pocket PMPY Med {Cmpl}	\$745.99	\$803.16	8%	\$727.54	9.42%
Allow Amt PMPY Rx {Cmpl}	\$1,625.42	\$1,731.55	7%	\$1,363.37	21.26%
Out of Pocket PMPY Rx {Cmpl}	\$200.64	\$200.30	0%	\$0.00	N/A

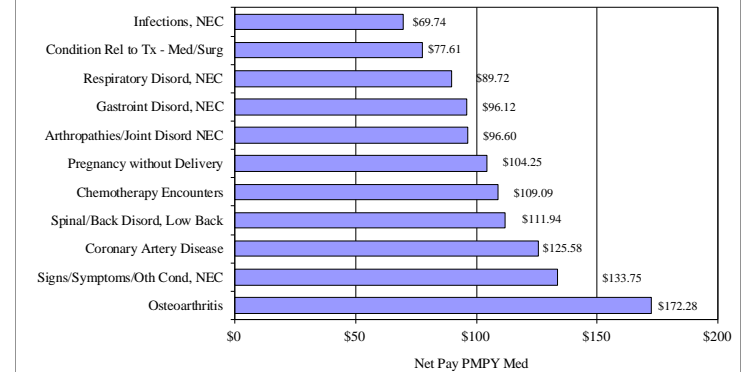
High Cost Claimants Mar 17—Feb 18



Prescription Drug Programs

	Fact	Mar 2016 - Feb 2017	Mar 2017 - Feb 2018	% Change
Mail Order	Discount Off AWP % Rx	51.51%	52.92%	2.73%
	Scripts Generic Efficiency Rx	96.23%	96.69%	0.48%
Retail	Discount Off AWP % Rx	52.07%	51.56%	-0.99%
	Scripts Generic Efficiency Rx	97.31%	97.07%	-0.24%
Total	Discount Off AWP % Rx	51.90%	52.00%	0.18%
	Scripts Generic Efficiency Rx	97.18%	97.02%	-0.16%
	Scripts Maint Rx % Mail Order	15.36%	17.28%	12.49%

Top 10 Clinical Conditions



Cost Drivers Support

Fact	Mar 2016 - Feb 2017	Mar 2017 - Feb 2018	% Change
Allow Amt Per Day Adm Acute	\$4,488.97	\$4,740.47	5.60%
Days Per 1000 Adm Acute	280.81	274.86	-2.12%
Allow Amt Per Visit OP Fac Med	\$1,504.67	\$1,456.17	-3.22%
Visits Per 1000 OP Fac Med	1,182.78	1,224.79	3.55%
Allow Amt Per Visit Office Med	\$117.46	\$120.58	2.66%
Visits Per 1000 Office Med	7,816.82	7,896.61	1.02%
Allow Amt Per Day Supply Rx	\$2.90	\$3.01	3.87%
Days Supply PMPY Rx	560.64	574.66	2.50%

Cost Drivers—Utilization and Price Trends

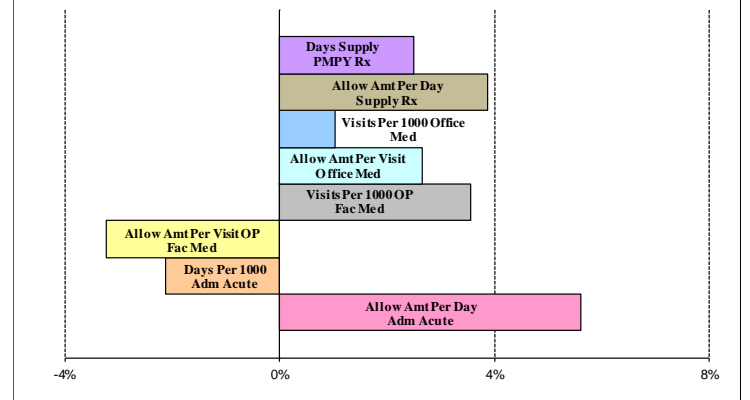


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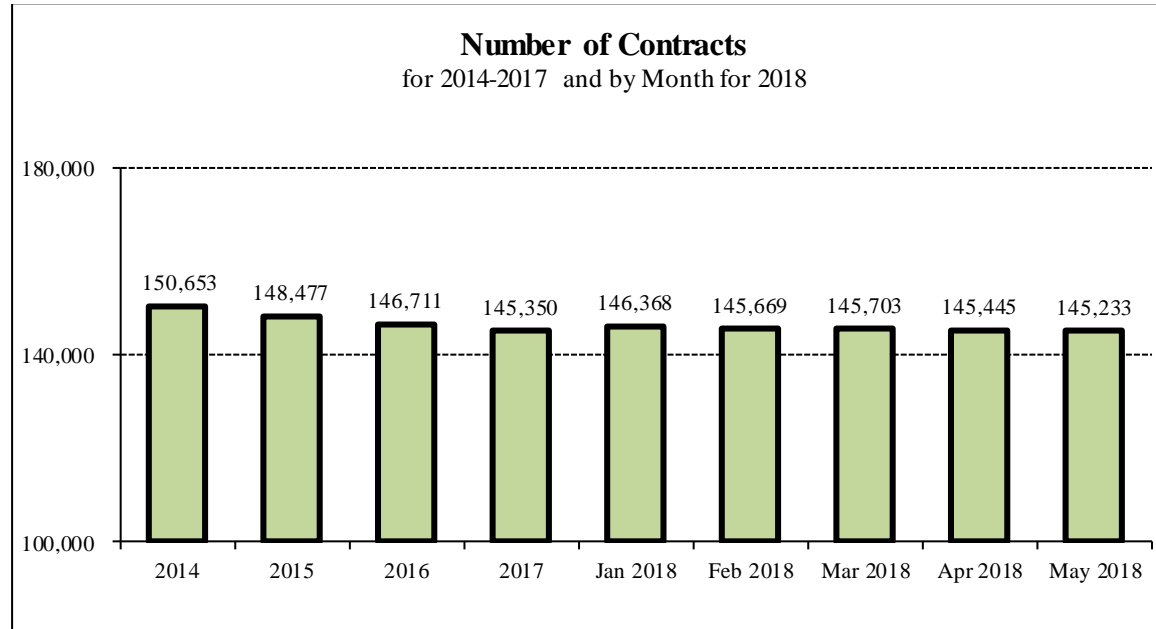
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Paid data as of: May 2018

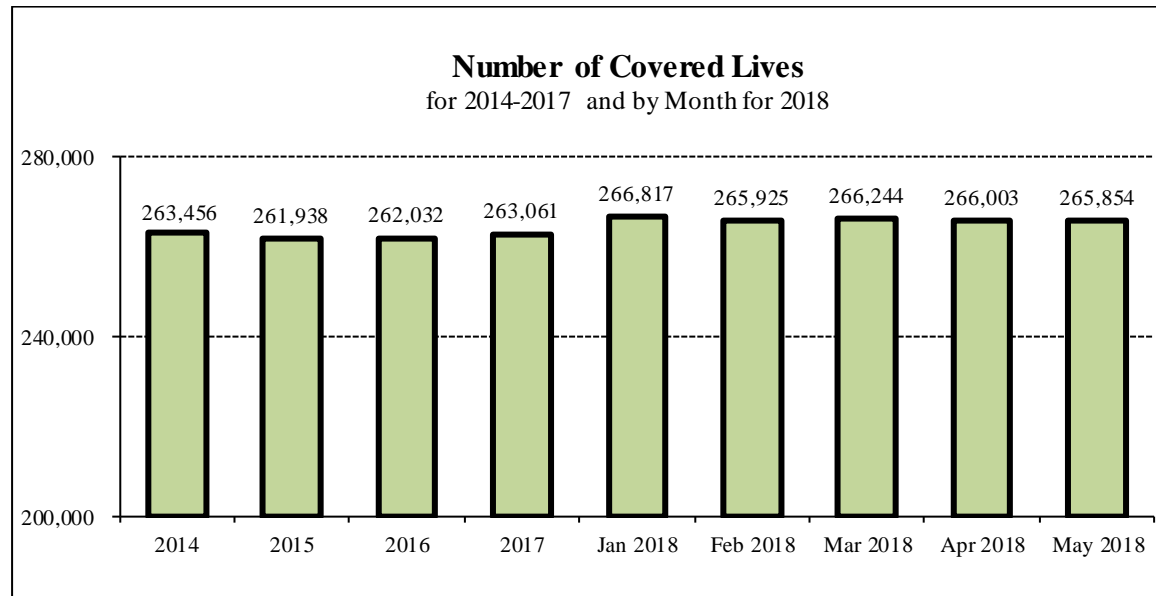
Incurred data as of: February 2018

Enrollment

The following chart shows planholder enrollment (contracts) for 2014-2017 and monthly year-to-date for 2018. Enrollment will fluctuate on a monthly basis. (Approximately 7,300 Cross-Reference spouses in any given month are not included.)

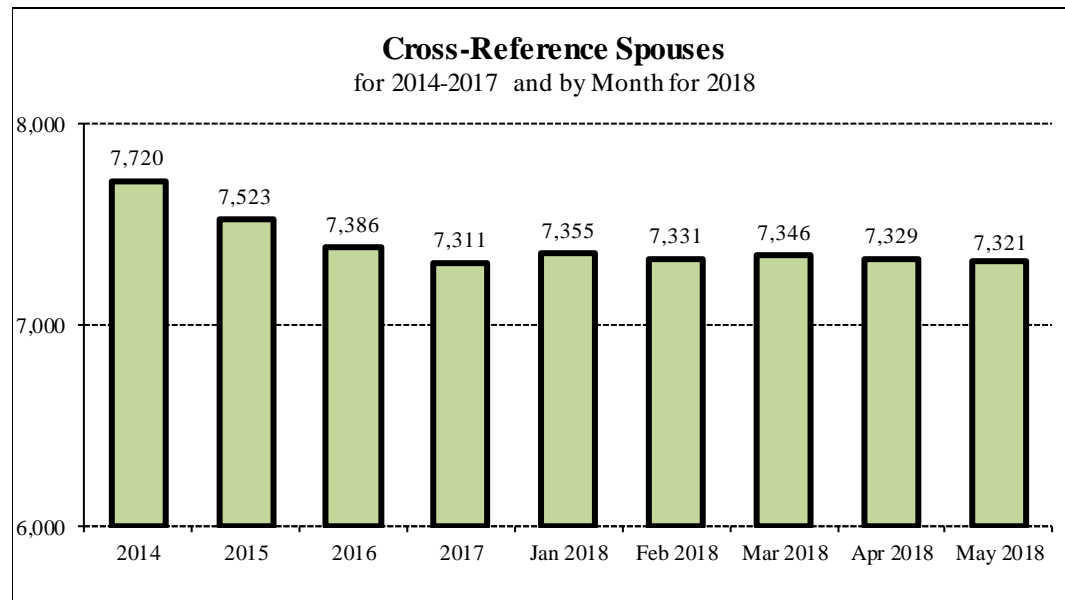


The following chart shows member enrollment (covered lives) for 2014-2017 and monthly year-to-date for 2018. Enrollment will fluctuate on a monthly basis.



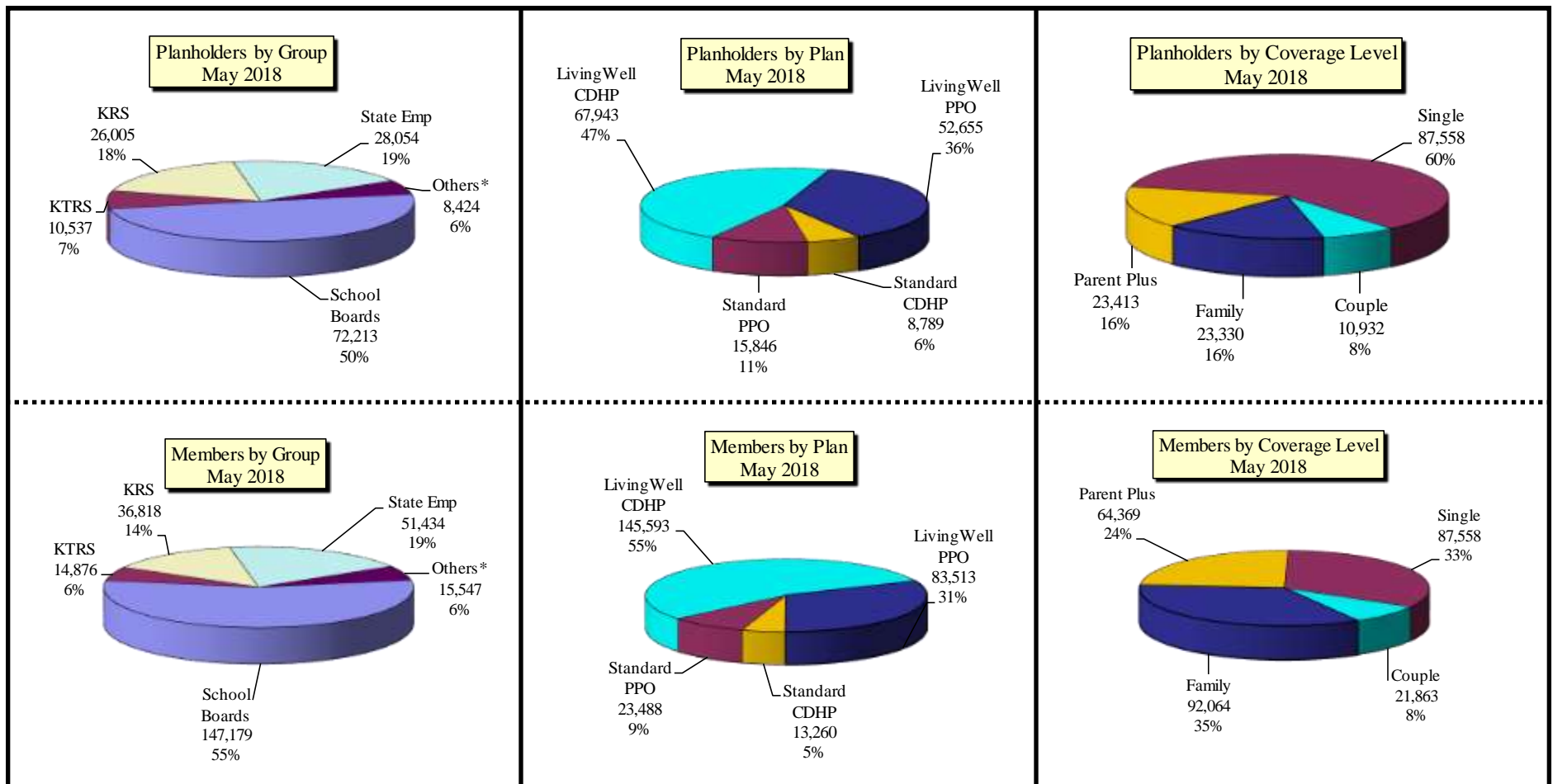
Enrollment *(continued)*

The following graph shows the number of Cross-Reference Spouses for 2014-2017 and monthly year-to-date for 2018. The number of Cross-Reference Spouses will fluctuate on a monthly basis.



Enrollment *(continued)*

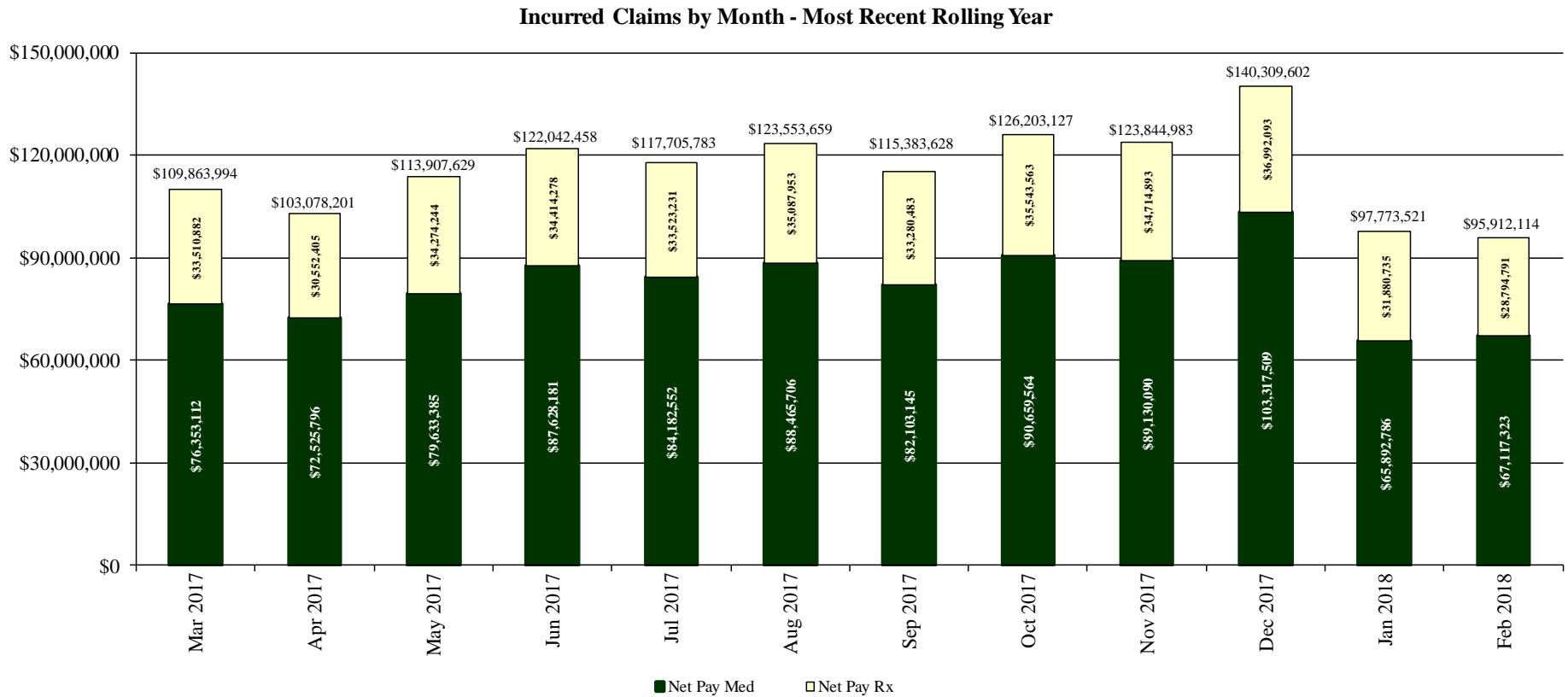
The following charts show Planholder and Member enrollment by Group, Health Plan, and Coverage Level.



* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs

Claims costs include Incurred Medical and Pharmacy (Rx) Claims Cost for the most recent rolling year.



Claims Costs *(continued)*

The following table represents Incurred Medical Claims by Group for 2014-2017 and monthly year-to-date for 2018.

INCURRED MEDICAL CLAIMS BY GROUP						
Time Period	School Boards	KTRS	KRS	State Employees	Others	Totals
2014	\$465,112,511	\$121,029,097	\$216,483,334	\$202,992,249	\$80,366,825	\$1,085,984,016
2015	\$406,274,265	\$100,740,841	\$189,171,718	\$159,515,036	\$62,699,633	\$918,401,495
2016	\$434,665,994	\$101,121,753	\$194,749,140	\$171,600,253	\$61,083,419	\$963,220,558
2017	\$452,755,060	\$95,297,984	\$197,297,956	\$176,313,498	\$62,096,295	\$983,760,793
Jan 2018	\$29,701,339	\$6,723,650	\$14,924,980	\$10,324,845	\$4,217,971	\$65,892,786
Feb 2018	\$30,008,005	\$7,167,839	\$13,927,959	\$11,757,620	\$4,255,899	\$67,117,323

** Others include COBRA, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).*

Claims Costs *(continued)*

The following table represents Incurred Pharmacy Claims by Group for 2014-2017 and monthly year-to-date for 2018.

INCURRED RX CLAIMS BY GROUP						
Time Period	School Boards	KTRS	KRS	State Employees	Others*	Totals
2014	\$131,098,426	\$43,053,078	\$73,830,755	\$55,751,835	\$20,884,223	\$324,618,317
2015	\$128,985,096	\$42,244,335	\$74,179,491	\$56,345,078	\$21,644,747	\$323,398,746
2016	\$150,163,365	\$44,005,516	\$82,314,678	\$62,087,373	\$23,920,724	\$362,491,657
2017	\$169,357,093	\$46,567,331	\$89,276,930	\$68,675,140	\$25,690,271	\$399,566,765
Jan 2018	\$13,577,064	\$3,543,302	\$7,483,823	\$5,146,727	\$2,129,819	\$31,880,735
Feb 2018	\$12,374,017	\$3,135,765	\$6,631,501	\$4,913,424	\$1,740,084	\$28,794,791

** Others include COBRA, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).*

Claims Costs *(continued)*

The following table represents Incurred Medical Claims by Health Plan for 2014-2017 and monthly year-to-date for 2018.

INCURRED MEDICAL CLAIMS BY PLAN							
Time Period	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	Other*	Missing**	Total
2014	\$57,385,008	\$46,095,825	\$598,724,084	\$375,470,631	\$92,820	\$8,215,648	\$1,085,986,030
2015	\$44,667,793	\$42,933,513	\$448,976,661	\$376,288,350	\$0	\$8,215,648	\$921,081,965
2016	\$53,453,598	\$48,495,904	\$446,663,229	\$407,936,700	\$0	\$6,671,126	\$963,220,558
2017	\$66,315,209	\$30,656,977	\$411,153,433	\$469,199,833	\$0	\$6,435,341	\$983,760,793
Jan 2018	\$6,148,405	\$1,570,874	\$27,592,540	\$30,237,879	\$0	\$343,088	\$65,892,786
Feb 2018	\$5,041,108	\$1,440,274	\$28,370,177	\$31,836,441	\$0	\$429,323	\$67,117,323

* Other means claim from old plan reported as incurred in following year..

**Missing means the claims could not be tagged to a specific Health Plan.

Claims Costs *(continued)*

The following table represents Incurred Pharmacy Claims by Health Plan for 2014-2017 and monthly year-to-date for 2018.

INCURRED RX CLAIMS BY PLAN							
Time Period	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	Other*	Missing**	Total
2014	\$17,730,754	\$5,829,739	\$217,764,345	\$82,940,511	\$39,794	\$313,173	\$324,618,317
2015	\$16,014,926	\$6,904,578	\$201,586,203	\$98,816,804	\$0	\$76,235	\$323,398,746
2016	\$19,010,941	\$7,472,864	\$216,146,078	\$119,651,653	\$0	\$210,122	\$362,491,657
2017	\$22,791,075	\$4,754,540	\$217,164,819	\$154,757,236	\$0	\$99,095	\$399,566,765
Jan 2018	\$2,939,882	\$313,817	\$17,983,819	\$10,635,248	\$0	\$7,968	\$31,880,735
Feb 2018	\$2,458,881	\$259,086	\$15,761,888	\$10,295,621	\$0	\$19,315	\$28,794,791

* *Other means claim from old plan reported as incurred in following year..*

***Missing means the claims could not be tagged to a specific Health Plan.*

Claims Costs *(continued)*

The following represents Incurred Medical Claims by Coverage Level for 2014-2017 and monthly year-to-date for 2018.

INCURRED MEDICAL CLAIMS BY COVERAGE LEVEL						
Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2014	\$131,271,014	\$239,094,807	\$182,552,523	\$524,850,024	\$8,215,648	\$1,085,984,016
2015	\$113,343,648	\$214,227,846	\$156,724,117	\$428,570,705	\$5,535,178	\$918,401,495
2016	\$115,848,061	\$233,210,363	\$157,581,886	\$449,909,120	\$6,671,126	\$963,220,558
2017	\$125,009,830	\$251,107,052	\$158,369,238	\$442,839,333	\$6,435,341	\$983,760,793
Jan 2018	\$9,061,110	\$16,178,905	\$10,533,560	\$29,776,122	\$343,088	\$65,892,786
Feb 2018	\$8,667,551	\$17,109,943	\$11,571,292	\$29,339,214	\$429,323	\$67,117,323

**Unable to tag claims to a specific coverage level*

Claims Costs *(continued)*

The following represents Incurred Pharmacy Claims by Coverage Level for 2014-2017 and monthly year-to-date for 2018.

INCURRED RX CLAIMS BY COVERAGE LEVEL						
Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2014	\$45,477,497	\$67,741,378	\$45,635,023	\$165,451,246	\$313,173	\$324,618,317
2015	\$42,957,491	\$68,806,053	\$45,211,695	\$166,347,272	\$76,235	\$323,398,746
2016	\$48,057,825	\$80,359,717	\$49,727,026	\$184,136,967	\$210,122	\$362,491,657
2017	\$52,792,710	\$92,074,769	\$55,308,400	\$199,291,791	\$99,095	\$399,566,765
Jan 2018	\$3,798,542	\$7,594,489	\$4,419,504	\$16,060,233	\$7,968	\$31,880,735
Feb 2018	\$3,740,135	\$6,647,724	\$4,192,520	\$14,195,096	\$19,315	\$28,794,791

**Unable to tag claims to a specific coverage level*

Medical Claims Utilization

The following is based on Incurred Medical Claims* from Jan-Feb 2018.

Plan	Admits Per 1000 Acute	Admits Per 1000 Acute Rcnt SGovt	% Diff from Rcnt SGovt	Days LOS per Admit Acute	Days LOS per Admit Acute Rcnt SGovt	% Diff from Rcnt SGovt	Days Per 1000 Admits Acute	Days Per 1000 Admits Acute Rcnt SGovt	% Diff from Rcnt SGovt
LivingWell CDHP	52.36	56.83	-7.87%	3.95	4.17	-5.24%	206.86	252.01	-17.91%
LivingWell PPO	61.67	59.14	4.28%	4.67	4.85	-3.69%	287.99	275.21	4.64%
Standard CDHP	33.47	55.57	-39.77%	4.36	4.94	-11.87%	145.79	243.03	-40.01%
Standard PPO	51.73	59.17	-12.57%	4.86	4.60	5.83%	251.61	269.24	-6.54%
Average	54.31	57.72	-5.90%	4.30	4.47	-3.86%	233.58	260.49	-10.33%

Plan	Visits Per 1000 Office	Visits Per 1000 Office Rcnt US	% Diff from Rcnt US	Visits Per 1000 ER	Visits Per 1000 ER Rcnt US	% Diff from Rcnt US
LivingWell CDHP	7,734.43	6,648.19	14.04%	168.86	230.70	-36.62%
LivingWell PPO	9,179.53	7,416.64	19.20%	194.02	232.55	-19.86%
Standard CDHP	4,380.97	6,567.21	-49.90%	143.04	232.28	-62.39%
Standard PPO	5,907.59	6,983.88	-18.22%	220.28	232.60	-5.59%
Average	7,855.74	6,918.05	11.94%	180.29	231.54	-28.42%

Plan	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab Rcnt US	% Diff from Rcnt US	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad Rcnt US	%Diff from Rcnt US
LivingWell CDHP	8,759.83	7,832.17	11.84%	2,016.53	2,033.06	-0.81%
LivingWell PPO	11,073.66	9,102.89	21.65%	2,706.07	2,573.31	5.16%
Standard CDHP	5,651.35	8,097.79	-30.21%	1,303.38	2,077.83	-37.27%
Standard PPO	8,201.50	8,745.31	-6.22%	1,908.96	2,292.61	-16.73%
Average	9,284.66	8,331.32	11.44%	2,188.86	2,229.97	-1.84%

Notes:

Rcnt SGovt—Recent State Government

Rcnt US—Recent US

LOS—Length of Stay

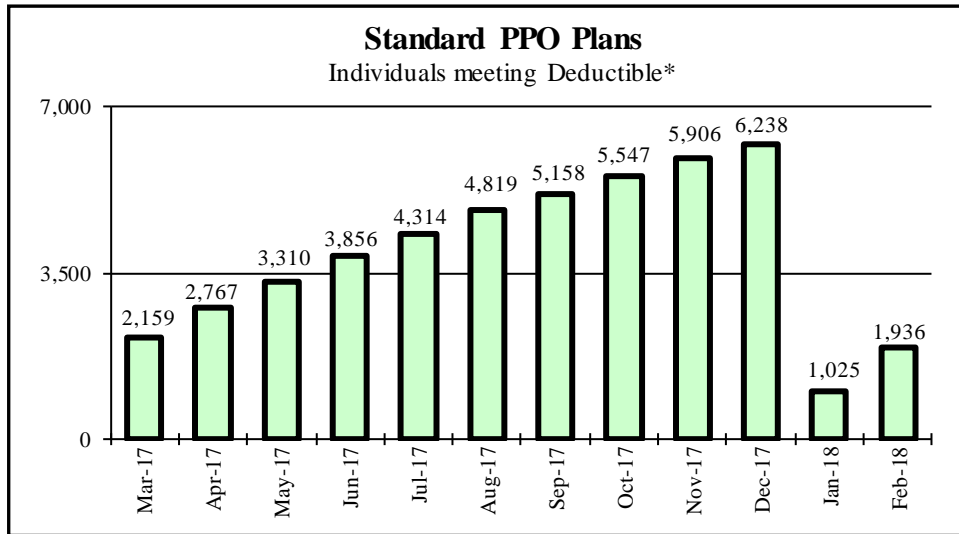
OP—Outpatient

OP Rad—Outpatient Radiology

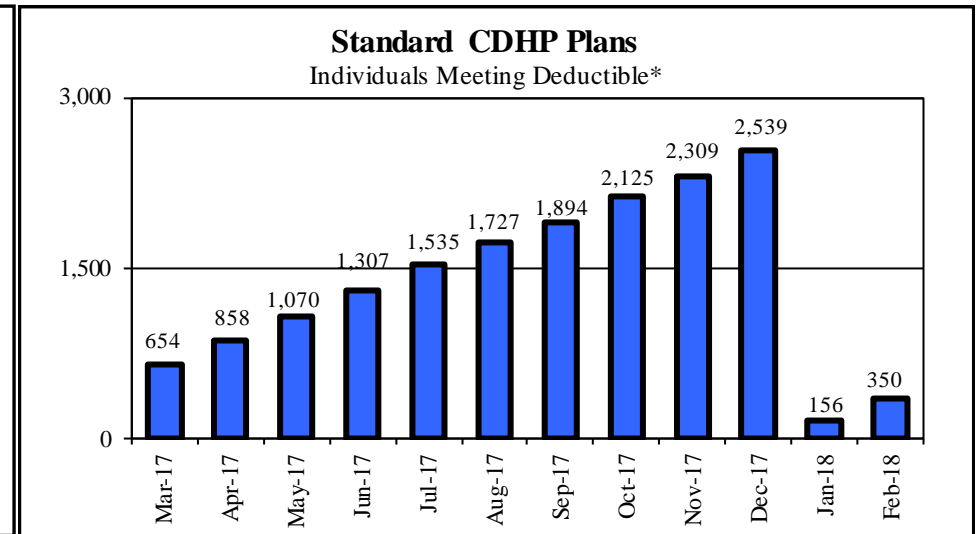
*Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.

Analysis of Individuals and Families Meeting Their Deductibles

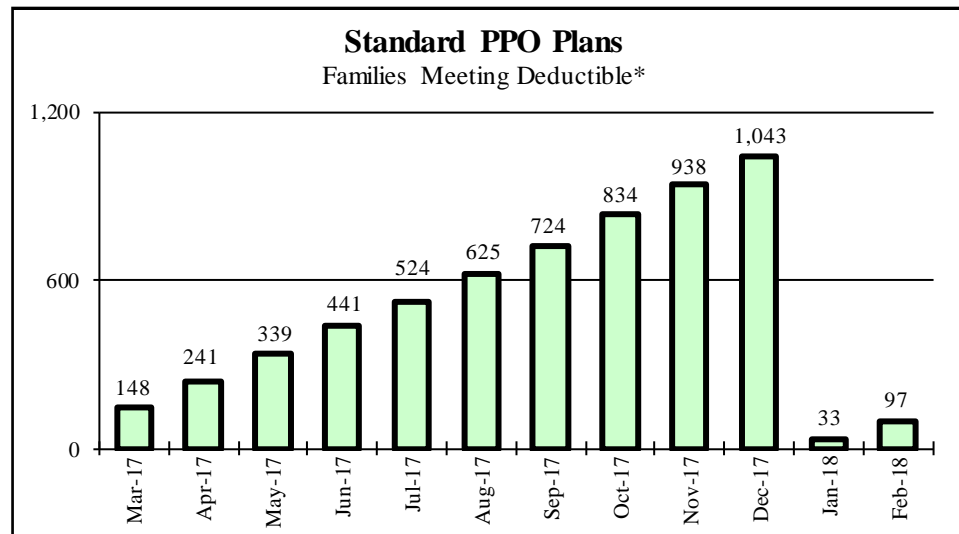
The following details the number of individuals and families by Health Plan that met their deductible for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



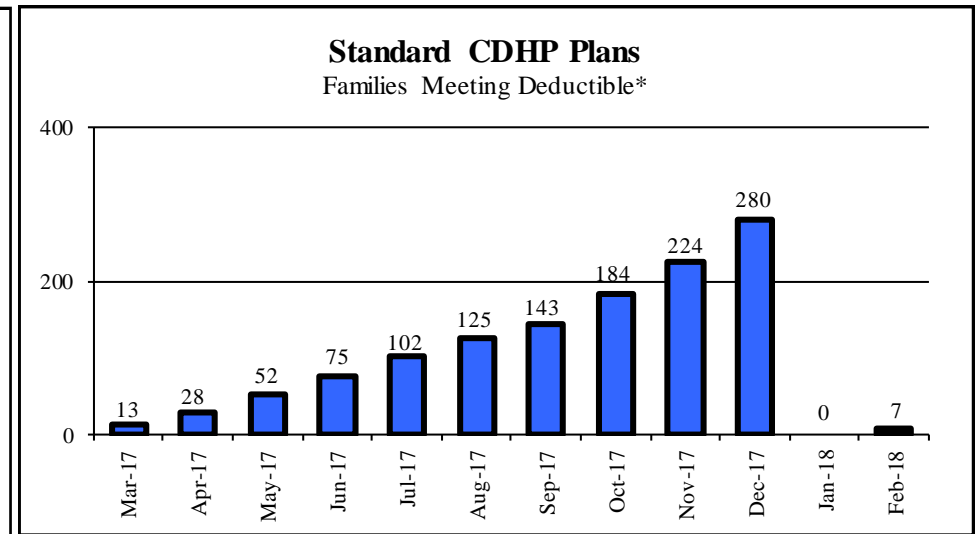
* 2017 and 2018 Individual Deductible is \$750



* 2017 and 2018 Individual Deductible is \$1,750



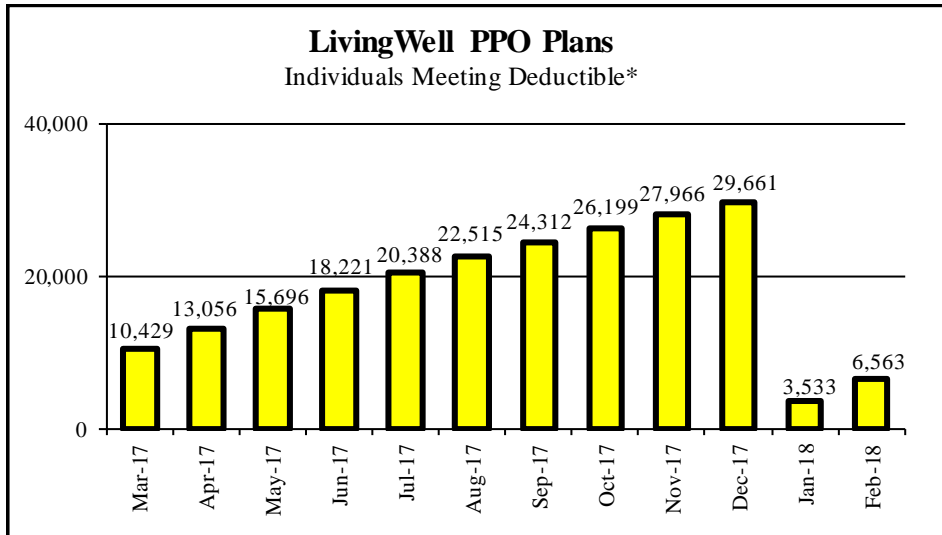
* 2017 and 2018 Family Deductible is \$1,500



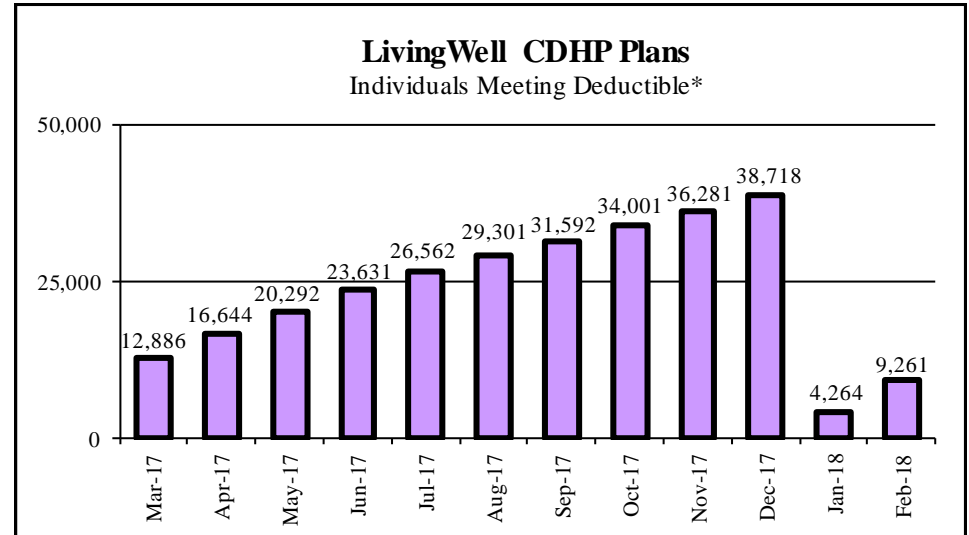
* 2017 and 2018 Family Deductible is \$3,500

Analysis of Individuals and Families Meeting Their Deductibles *(continued)*

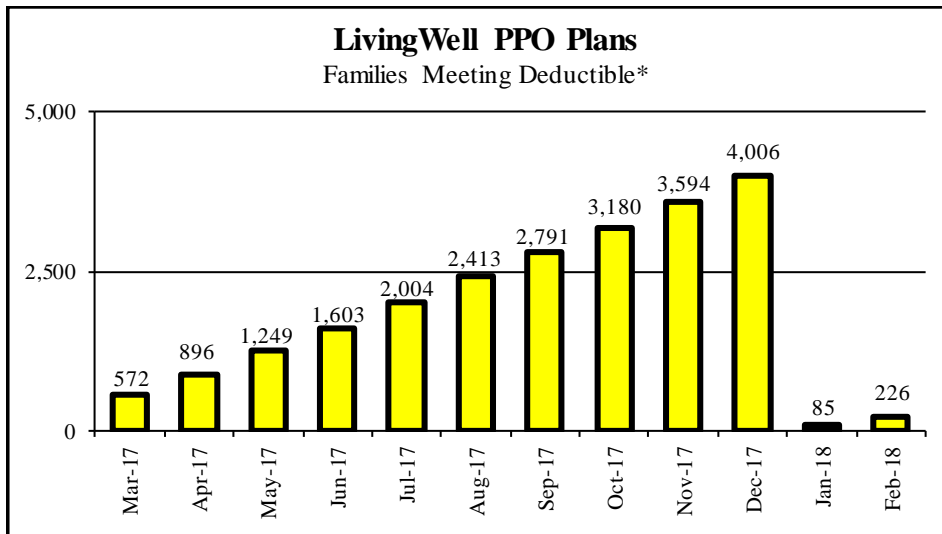
The following details the number of individuals and families by Health Plan that met their deductible for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



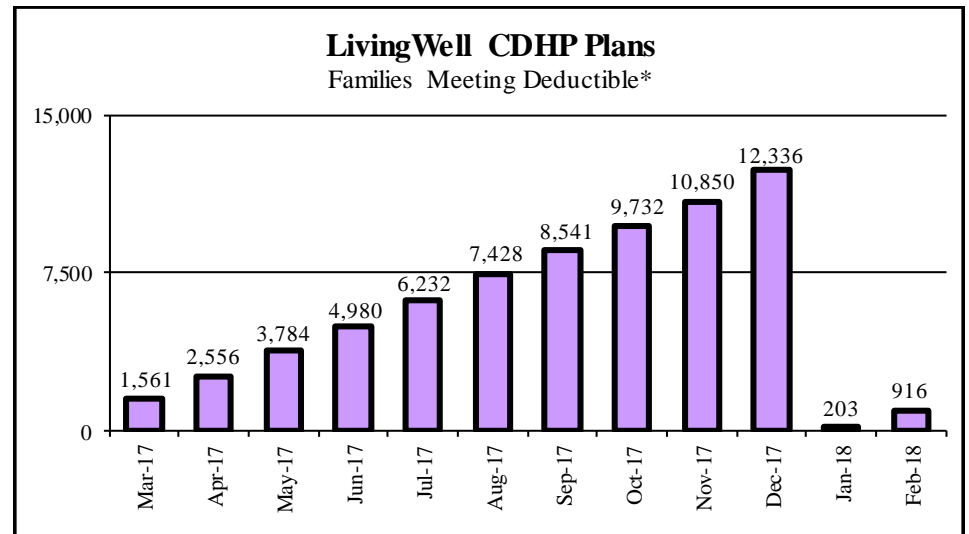
*2017 and 2018 Individual Deductible is \$750



* 2017 and 2018 Individual Deductible is \$1,250



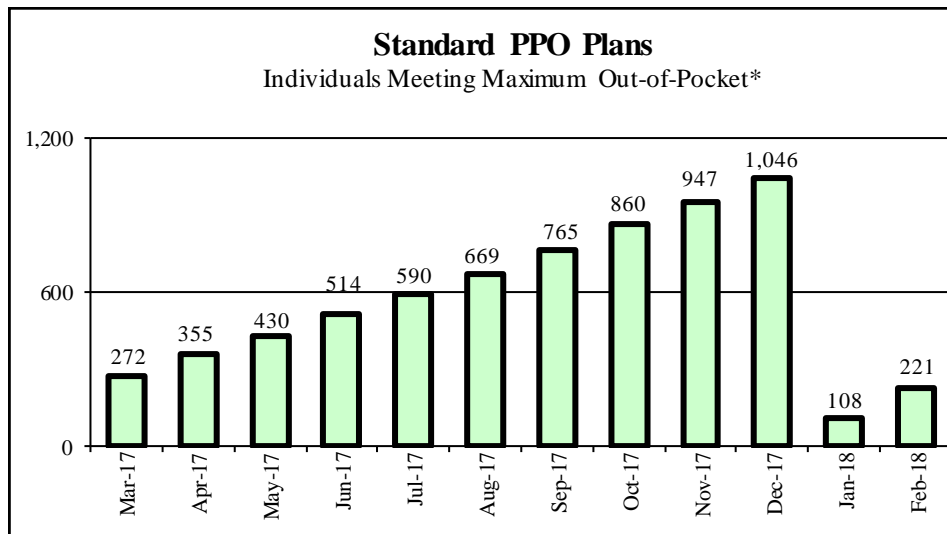
* 2017 and 2018 Family Deductible is \$1,500



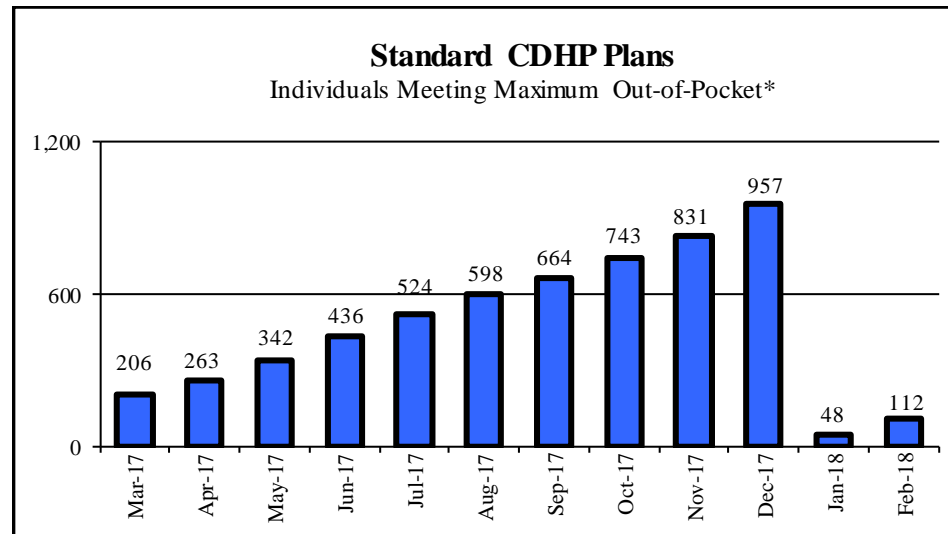
* 2017 and 2018 Family Deductible is \$2,500

Analysis of Individuals and Families Meeting Their Maximum Out-of-Pocket Expenses

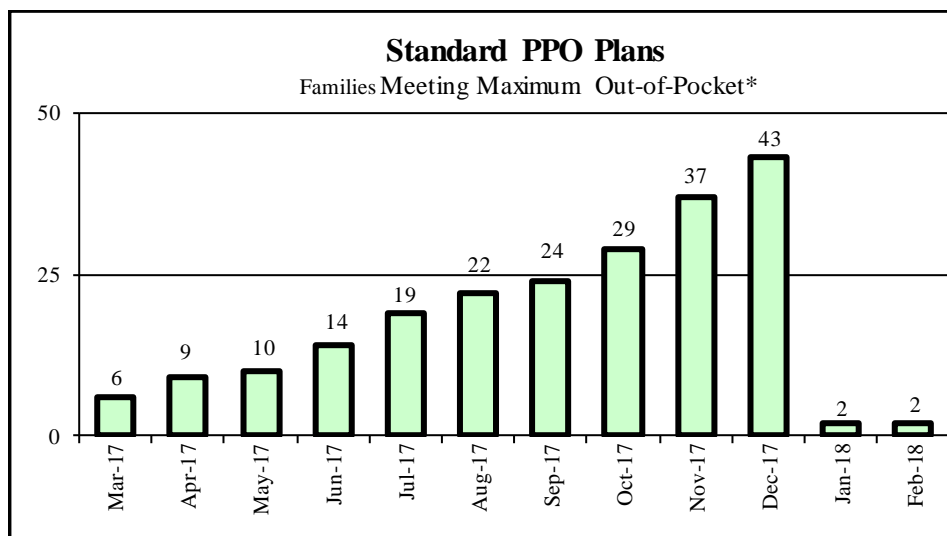
The following details the number of individuals and families by Health Plan that met their maximum out-of-pocket expense for the latest rolling year. This report is based on Incurred Medical and Pharmacy claims.



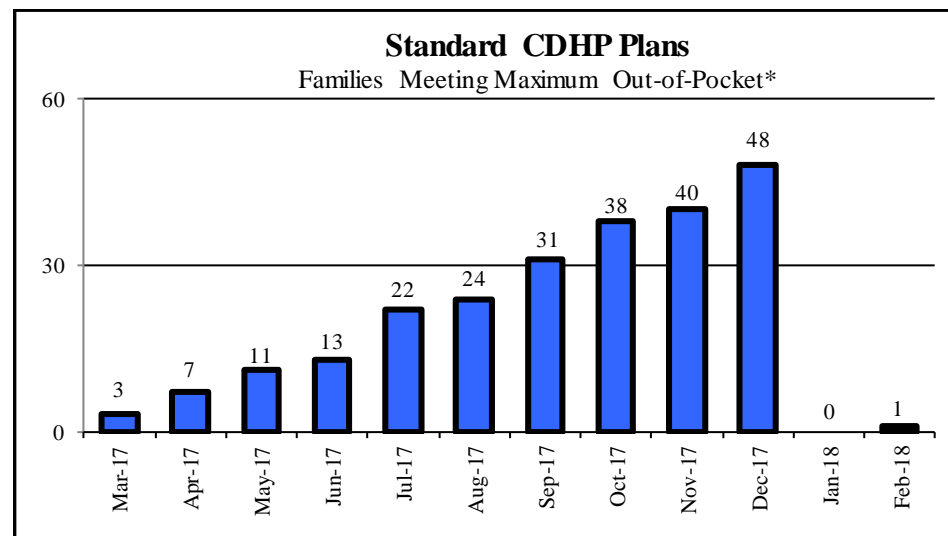
* 2017 and 2018 Individual Maximum Out of Pocket is \$3,750



* 2017 and 2018 Individual Maximum Out of Pocket is \$3,750



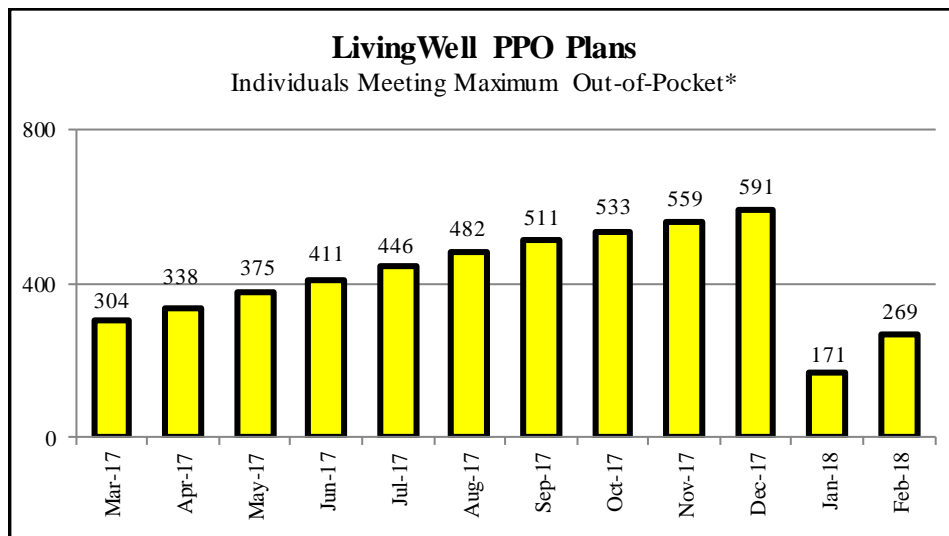
* 2017 and 2018 Family Maximum Out of Pocket is \$7,500



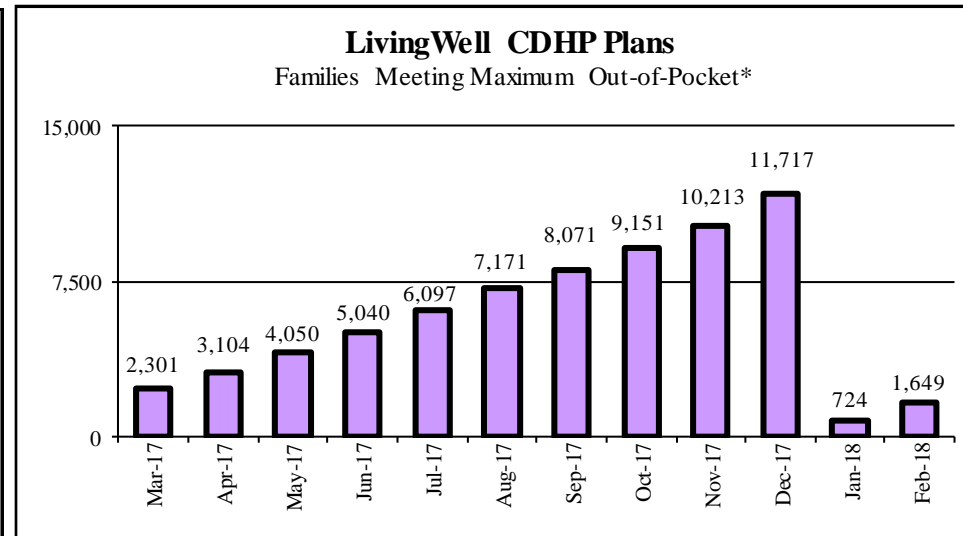
* 2017 and 2018 Family Maximum Out of Pocket is \$7,500

Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

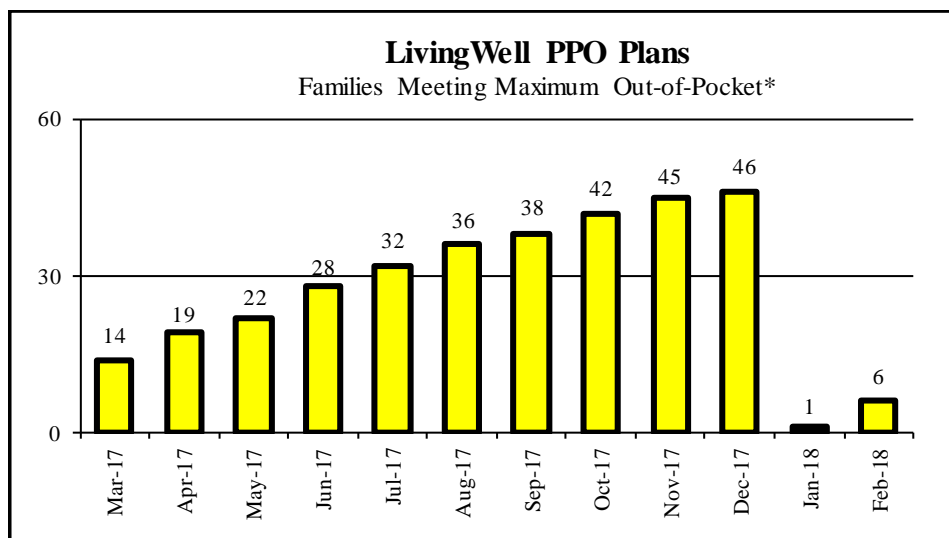
The following details the number of individuals and families by Health Plan that met their maximum out of pocket expense for the latest rolling year. This report is based on Incurred Medical and Pharmacy claims.



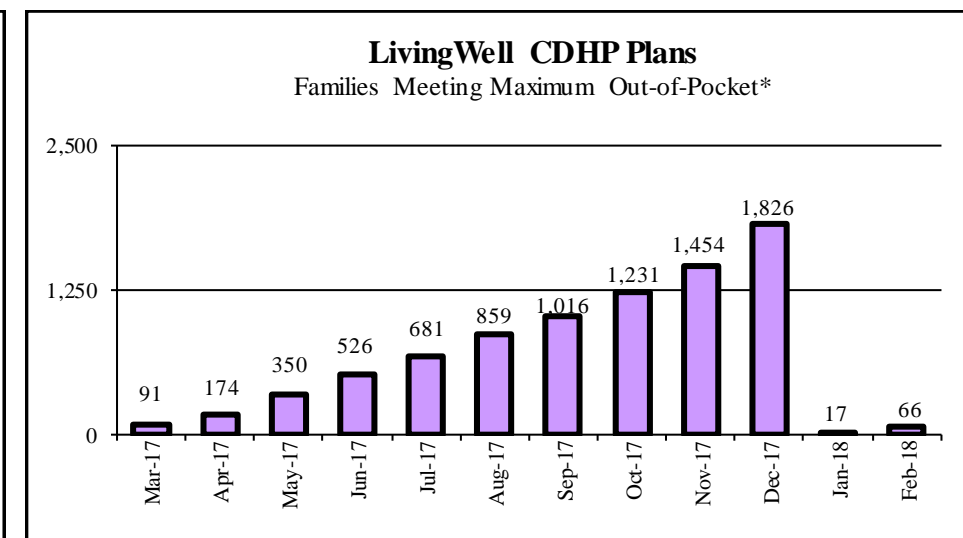
* 2017 and 2018 Individual Maximum Out of Pocket is \$2,750



* 2017 and 2018 Individual Maximum Out of Pocket is \$2,750



* 2017 and 2018 Family Maximum Out of Pocket is \$5,500



* 2017 and 2018 Family Maximum Out of Pocket is \$5,500

Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out-of-Pocket Expenses

The following details the number of individuals and families by Health Plan that met their deductibles and/or maximum out-of-pocket (MOOP) expense for the years 2014-2018 This report is based on Incurred Medical and Pharmacy claims.

Individuals and Families in Standard PPO (2014—Present)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Meeting Deductible	MOOP	Meeting MOOP	Deductible	Meeting Deductible	MOOP	Meeting MOOP
2014	Standard PPO	\$750	34.91%	\$3,500	6.82%	\$1,500	10.68%	\$7,000	0.82%
2015	Standard PPO	\$750	33.28%	\$3,500	5.31%	\$1,500	9.53%	\$7,000	0.30%
2016	Standard PPO	\$750	34.21%	\$3,500	5.85%	\$1,500	10.07%	\$7,000	0.39%
2017	Standard PPO	\$750	34.90%	\$3,750	5.85%	\$1,500	7.05%	\$7,500	0.29%
2018	Standard PPO	\$750	7.84%	\$3,750	0.89%	\$1,500	0.56%	\$7,500	0.01%

Individuals and Families in Standard CDHP (2014—Present)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Meeting De-ductible	MOOP	Meeting MOOP	Deductible	Meeting De-ductible	MOOP	Meeting MOOP
2014	Standard CDHP	\$1,750	20.45%	\$3,500	7.38%	\$3,500	2.41%	\$7,000	0.47%
2015	Standard CDHP	\$1,750	18.67%	\$3,500	6.90%	\$3,500	1.88%	\$7,000	0.34%
2016	Standard CDHP	\$1,750	19.69%	\$3,500	7.96%	\$3,500	2.17%	\$7,000	0.47%
2017	Standard CDHP	\$1,750	16.89%	\$3,750	6.37%	\$3,500	2.35%	\$7,500	0.40%
2018	Standard CDHP	\$1,750	2.67%	\$3,750	0.86%	\$3,500	0.08%	\$7,500	0.01%

Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out-of-Pocket

Expenses *(continued)*

The following details the number of individuals and families by Health Plan that met their deductibles and/or maximum out-of-pocket (MOOP) expense for the years 2014-2018. This report is based on Incurred Medical and Pharmacy claims.

Individuals and Families in LivingWell PPO (2014—Present)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Meeting De-deductible	MOOP	Meeting MOOP	Deductible	Meeting De-deductible	MOOP	Meeting MOOP
2014	LivingWell PPO	\$500	11.85%	\$2,500	3.74%	\$1,000	4.70%	\$3,000	0.49%
2015	LivingWell PPO	\$500	34.97%	\$2,500	0.69%	\$1,000	7.88%	\$5,000	0.16%
2016	LivingWell PPO	\$500	35.87%	\$2,500	0.65%	\$1,000	7.87%	\$5,000	0.13%
2017	LivingWell PPO	\$750	31.95%	\$2,750	0.64%	\$1,500	6.34%	\$5,500	0.07%
2018	LivingWell PPO	\$750	7.82%	\$2,750	0.32%	\$1,500	0.42%	\$5,500	0.01%

Individuals and Families in LivingWell CDHP (2014— Present)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Meeting De-deductible	MOOP	Meeting MOOP	Deductible	Meeting De-deductible	MOOP	Meeting MOOP
2014	LivingWell CDHP	\$1,250	29.04%	\$2,500	8.89%	\$2,500	17.39%	\$5,000	2.24%
2015	LivingWell CDHP	\$1,250	29.30%	\$2,500	8.61%	\$2,500	17.55%	\$5,000	1.89%
2016	LivingWell CDHP	\$1,250	28.69%	\$2,500	9.17%	\$2,500	17.90%	\$5,000	2.35%
2017	LivingWell CDHP	\$1,250	28.20%	\$2,750	8.53%	\$2,500	17.52%	\$5,500	2.59%
2018	LivingWell CDHP	\$1,250	6.40%	\$2,750	1.14%	\$2,500	1.34%	\$5,500	0.10%

Premium

The following details the amount of premium* paid by the employee and employer for 2014-2017 and monthly through 2018.

Time Period	Employee Premium Amount	Employer Premium Amount	Total Premium Amount
2014	\$265,431,508	\$1,348,631,926	\$1,614,063,434
2015	\$256,371,746	\$1,362,686,924	\$1,619,058,670
2016	\$254,661,768	\$1,380,830,820	\$1,635,492,588
2017	\$255,169,294	\$1,374,862,647	\$1,630,031,942
Jan 2018	\$22,239,007	\$116,763,974	\$139,002,981
Feb 2018	\$22,120,908	\$116,327,869	\$138,448,777
Mar 2018	\$22,131,853	\$116,396,116	\$138,527,969
Apr 2018	\$22,118,232	\$116,236,042	\$138,354,274
May 2018	\$22,099,949	\$116,102,653	\$138,202,602

**Premium is based on enrollment using published premium rates—it is NOT based on actual payments received.*

Prescription Drug Utilization *(continued)*

The following details the type of prescription filled, the percent that were generic, and the generic efficiency percentage for the most recent rolling year. Based on Paid Pharmacy Claims.

Time Period: Paid Month	Generic	Brand Name, Generic Available	Brand Name	Other*	Total	Scripts Rx % Generic	Scripts Generic Efficiency Rx**
Jun 2017	317,377	8,974	35,188	9,896	371,435	85.45%	97.25%
Jul 2017	306,977	8,852	34,124	9,556	359,509	85.39%	97.20%
Aug 2017	324,940	9,014	35,553	11,662	381,169	85.25%	97.30%
Sep 2017	314,827	13,818	37,998	9,150	375,793	83.78%	95.80%
Oct 2017	329,095	17,227	43,166	9,605	399,093	82.46%	95.03%
Nov 2017	333,031	10,862	38,317	9,790	392,000	84.96%	96.84%
Dec 2017	356,050	9,866	39,304	9,518	414,738	85.85%	97.30%
Jan 2018	340,570	9,103	34,883	9,152	393,708	86.50%	97.40%
Feb 2018	312,187	6,332	30,986	9,318	358,823	87.00%	98.01%
Mar 2018	339,067	6,841	35,007	9,402	390,317	86.87%	98.02%
Apr 2018	314,680	6,347	36,884	10,139	368,050	85.50%	98.02%
May 2018	326,602	6,321	42,202	10,318	385,443	84.73%	98.10%

**Other category includes: Over-the-Counter (usually items such as diabetic supplies, syringes, and test strips, etc.) and claims that were unable to be tagged to a specific group.*

***Generic Efficiency Rate means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.*

Prescription Drug Utilization *(continued)*

The following details the number of members and patients utilizing prescription benefits and the associated costs for the most recent rolling year. Based on Incurred Pharmacy Claims.

Time Period	Members	Patients	Scripts	Scripts Per Member	Scripts Per Patient	Allow Amt* Per Script	Net Pay Per Script	Member Cost Per Script**	Patient Cost Per Script***
Mar 2017	263,625	162,247	412,991	1.57	3.01	\$94.75	\$81.14	\$21.14	\$34.35
Apr 2017	263,501	150,858	356,643	1.35	2.84	\$97.78	\$85.67	\$16.21	\$28.32
May 2017	263,511	154,546	386,639	1.47	2.99	\$100.24	\$88.65	\$16.85	\$28.72
Jun 2017	263,072	153,535	370,171	1.41	2.94	\$104.16	\$92.97	\$15.56	\$26.67
Jul 2017	262,229	152,303	359,464	1.37	2.91	\$103.79	\$93.26	\$14.25	\$24.54
Aug 2017	261,495	155,336	380,746	1.46	2.99	\$102.31	\$92.16	\$14.61	\$24.59
Sep 2017	260,408	154,111	374,936	1.44	2.92	\$98.12	\$88.76	\$13.27	\$22.43
Oct 2017	263,913	165,870	398,984	1.51	2.98	\$98.00	\$89.09	\$13.30	\$21.17
Nov 2017	264,289	160,682	391,834	1.48	2.95	\$97.26	\$88.60	\$12.69	\$20.88
Dec 2017	264,340	160,772	415,284	1.57	3.05	\$97.67	\$89.08	\$13.32	\$21.90
Jan 2018	266,817	160,886	392,280	1.47	2.93	\$100.18	\$81.27	\$27.10	\$44.94
Feb 2018	265,925	157,876	359,385	1.35	2.76	\$96.55	\$80.12	\$21.63	\$36.44

***"Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.*

****"Member Cost per Script" is the average net amount paid per prescription filled per member (Net Pay Rx/Members)*

*****"Patient Cost per Script" is the average net amount paid per prescription filled per Patients (Net Pay Rx/Patients)*

Prescription Drug Utilization *(continued)*

The following Top 25 Drug Analysis is based on Incurred Pharmacy Claims from Jan-Feb 2018.

Prev Rank	Curr Rank	Product Name	Brand/Generic	Therapeutic Class General	Net Pay Rx	Net Pay Rx as % of All Drugs	Scripts Rx	Net Pay Per Day Supply Rx	Patients Rx
1	1	HUMIRA	Single source brand	Immunosuppressants	\$4,880,875.84	8.04%	670	\$178.13	446
2	2	ENBREL	Single source brand	Immunosuppressants	\$2,272,256.58	3.74%	298	\$165.88	226
3	3	STELARA	Single source brand	Immunosuppressants	\$1,834,973.31	3.02%	122	\$201.12	120
4	4	FARXIGA	Single source brand	Hormones & Synthetic Subst	\$1,374,171.23	2.26%	2,520	\$13.77	1,671
5	5	JANUVIA	Single source brand	Hormones & Synthetic Subst	\$1,239,671.92	2.04%	2,386	\$12.64	1,591
6	6	VICTOZA	Single source brand	Hormones & Synthetic Subst	\$1,222,128.42	2.01%	1,444	\$22.34	994
9	7	NOVOLOG FLEXPEN	Single source brand	Hormones & Synthetic Subst	\$1,182,597.27	1.95%	1,362	\$21.80	1,051
8	8	TRULICITY	Single source brand	Hormones & Synthetic Subst	\$1,113,950.34	1.84%	1,517	\$21.81	930
10	9	NOVOLOG	Single source brand	Hormones & Synthetic Subst	\$1,073,708.21	1.77%	1,123	\$24.06	828
11	10	TRESIBA	Single source brand	Hormones & Synthetic Subst	\$947,761.77	1.56%	1,209	\$19.23	883
7	11	HUMATROPE	Multisource brand, no generic	Hormones & Synthetic Subst	\$935,793.83	1.54%	77	\$209.63	61
12	12	GILENYA	Single source brand	Misc Therapeutic Agents	\$869,494.50	1.43%	63	\$243.56	47
13	13	TECFIDERA	Single source brand	Misc Therapeutic Agents	\$855,357.05	1.41%	87	\$224.50	58
14	14	OSELTAMIVIR PHOSPHATE	Multisource generic	Anti-Infective Agents	\$744,524.61	1.23%	12,650	\$9.68	12,955
16	15	SAXENDA	Single source brand	Hormones & Synthetic Subst	\$666,440.37	1.10%	593	\$34.94	432
15	16	COPAXONE	Multisource brand, no generic	Misc Therapeutic Agents	\$652,512.55	1.08%	66	\$189.35	53
17	17	LEVEMIR FLEXTOUCH	Single source brand	Hormones & Synthetic Subst	\$576,663.14	0.95%	900	\$15.96	642
19	18	XOLAIR	Single source brand	Immunosuppressants	\$515,828.96	0.85%	165	\$94.08	112
18	19	ONE TOUCH ULTRA	Other/unavailable	Diagnostic Agents	\$492,650.61	0.81%	3,620	\$3.39	2,838
22	20	LYRICA	Single source brand	Central Nervous System	\$477,321.48	0.79%	1,148	\$13.02	726
23	21	XARELTO	Single source brand	Blood Form/Coagul Agents	\$459,901.43	0.76%	1,081	\$12.18	690
20	22	KALYDECO	Single source brand	Respiratory Tract Agents	\$454,821.25	0.75%	20	\$812.18	12
25	23	REVLIMID	Single source brand	Misc Therapeutic Agents	\$428,878.58	0.71%	36	\$460.66	18
-	24	DUEXIS	Single source brand	Central Nervous System	\$426,472.11	0.70%	254	\$55.89	185
24	25	ELIQUIS	Single source brand	Blood Form/Coagul Agents	\$419,257.72	0.69%	947	\$12.09	632

*"Product Name" includes all strengths/formulations of a drug.

Prescription Drug Utilization *(continued)*

In summary, the top 25 drugs represent 4.57% of total scripts and 43.05% of total Pharmacy expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$26,118,013	34,358	918,294
All Product Names	\$60,675,526	751,665	24,640,186
Top Drugs as Pct of All Drugs	43.05%	4.57%	3.73%

Utilization

The top 25 clinical conditions based on Incurred Medical Claims for Jan-Feb 2018.

Prev Rank	Curr Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Prevent/Admin Hlth Encounters	\$11,103,816	\$165,732	\$10,924,419	0.00	0.00	930.69	0.43	42,736	\$259.82
2	2	Osteoarthritis	\$5,785,097	\$3,631,641	\$2,143,078	2.84	1.73	124.34	0.23	4,373	\$1,322.91
3	3	Chemotherapy Encounters	\$5,144,166	\$631,314	\$4,512,852	0.38	4.00	1.58	0.00	320	\$16,075.52
4	4	Coronary Artery Disease	\$4,716,963	\$3,155,463	\$1,561,415	1.91	3.65	28.58	2.16	1,375	\$3,430.52
6	5	Signs/Symptoms/Oth Cond, NEC	\$3,926,331	\$539,112	\$3,326,673	0.68	5.40	518.50	8.29	26,988	\$145.48
7	6	Pregnancy without Delivery	\$3,667,687	\$2,873,680	\$793,704	0.47	2.14	85.08	5.41	2,495	\$1,470.01
8	7	Gastroint Disord, NEC	\$3,362,222	\$1,069,896	\$2,291,957	1.19	3.64	142.63	14.69	7,483	\$449.31
12	8	Infections, NEC	\$3,276,844	\$3,091,048	\$185,034	0.11	10.00	69.99	2.05	3,884	\$843.68
10	9	Spinal/Back Disord, Low Back	\$3,062,067	\$1,368,193	\$1,693,697	0.68	2.40	495.01	3.27	9,745	\$314.22
9	10	Respiratory Disord, NEC	\$3,043,690	\$1,123,884	\$1,899,034	0.43	3.58	88.75	9.53	5,837	\$521.45
13	11	Condition Rel to Tx - Med/Surg	\$2,971,121	\$2,130,845	\$840,114	1.49	5.71	5.45	1.26	860	\$3,454.79
5	12	Newborns, w/wo Complication	\$2,798,773	\$2,748,888	\$49,886	8.67	3.17	7.55	0.16	554	\$5,051.94
14	13	Arthropathies/Joint Disord NEC	\$2,752,114	\$286,400	\$2,450,234	0.20	4.78	506.18	4.46	12,663	\$217.34
11	14	Cardiac Arrhythmias	\$2,513,169	\$814,520	\$1,698,441	0.63	3.43	32.57	1.62	1,648	\$1,524.98
17	15	Cancer - Breast	\$2,355,949	\$64,439	\$2,281,863	0.14	1.33	25.09	0.07	877	\$2,686.37
16	16	Diabetes	\$1,997,193	\$401,766	\$1,582,102	1.64	5.16	225.20	1.67	9,781	\$204.19
23	17	Cerebrovascular Disease	\$1,981,433	\$1,560,973	\$401,155	1.13	8.58	7.77	1.13	455	\$4,354.80
18	18	Renal Function Failure	\$1,824,911	\$390,532	\$1,432,795	0.16	5.57	13.90	0.59	898	\$2,032.20
-	19	Spinal/Back Disord, Ex Low	\$1,799,042	\$520,908	\$1,277,934	0.41	5.28	461.45	2.09	8,472	\$212.35
20	20	Cardiovasc Disord, NEC	\$1,748,557	\$252,828	\$1,476,560	0.27	3.67	65.34	8.60	3,951	\$442.56
15	21	Rheumatic Fever/Valvular Dis	\$1,737,607	\$1,490,705	\$246,901	0.52	7.65	6.89	0.00	580	\$2,995.87
19	22	Cholecystitis/Cholelithiasis	\$1,666,628	\$396,737	\$1,267,016	0.56	3.72	3.63	1.51	357	\$4,668.43
-	23	Hypertension, Essential	\$1,521,465	\$923,021	\$595,053	1.04	5.13	247.17	3.31	11,600	\$131.16
21	24	Urinary Tract Calculus	\$1,509,733	\$108,504	\$1,401,229	0.47	1.90	18.00	5.29	939	\$1,607.81
24	25	Infections - Respiratory, NEC	\$1,482,248	\$430,382	\$1,051,336	1.10	3.04	546.01	14.17	22,623	\$65.52

NOTE: Medical payments represent only the payments made for the specified condition.

Utilization *(continued)*

In Summary, the top clinical conditions represent more than 58.45% of total Paid Medical Claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$77,748,826	\$30,171,412	\$47,384,482	27.12	4.19	4,657.33	91.97
All Clinical Conditions	\$133,010,109	\$47,962,569	\$84,512,843	59.22	3.76	8,951.20	181.57
Top Clinical Conditions as Pct of All Clinical Conditions	58.45%	62.91%	56.07%	45.80%	111.37%	52.03%	50.65%

Claims Lag Analysis

The following claims lag information is based on Incurred Medical Claims from Jan-Feb 2018.

Plan	Number of Medical Claims	Avg Days Lag Per Claim	% Claims Paid Within 30 Days	% Claims Paid Within 60 Days	% Claims Paid Within 90 Days
LivingWell CDHP	689,274	15	91.94%	98.14%	99.50%
LivingWell PPO	503,806	15	91.94%	98.06%	99.45%
Standard CDHP	37,768	17	90.10%	97.54%	99.20%
Standard PPO	106,040	17	90.05%	97.27%	99.21%
Missing	2,942	21	80.84%	97.48%	98.69%
All Plans	1,339,830	14	91.72%	98.02%	99.44%

**Missing means the claims could not be tagged to a specific plan.*

Claims Lag Analysis *(continued)*

The following claims lag information is based on all claims (**Medical and Pharmacy**) incurred and paid during the most recent rolling year.

	Month Paid					
Service Month	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017
Mar 2017	\$3,258,916.35	\$707,454.03	\$409,946.43	\$141,331.54	\$63,423.65	\$245,003.72
Apr 2017	\$5,888,442.64	\$1,077,153.29	\$1,300,167.97	\$749,402.15	\$340,848.24	(\$10,512.87)
May 2017	\$42,192,934.04	\$6,059,730.19	\$2,688,253.37	\$1,182,593.01	\$608,513.38	\$156,757.73
Jun 2017	\$73,542,796.77	\$35,500,642.81	\$7,440,565.70	\$2,634,672.48	\$1,321,418.29	\$380,430.59
Jul 2017	\$6,096.71	\$64,235,406.89	\$40,504,915.78	\$8,676,456.19	\$2,478,226.54	\$817,425.82
Aug 2017	\$0.00	\$25,410.70	\$64,753,367.07	\$46,667,962.43	\$7,432,040.37	\$1,981,019.14
Sep 2017	\$0.00	\$0.00	\$10,026.33	\$62,558,074.57	\$38,256,676.42	\$7,560,023.04
Oct 2017	\$0.00	\$0.00	\$0.00	\$8,546.13	\$65,034,013.86	\$42,368,063.28
Nov 2017	\$0.00	\$0.00	\$0.00	\$0.00	\$8,702.67	\$58,299,318.01
Dec 2017	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,026.71
Jan 2018	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Feb 2018	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	Month Paid					
Service Month	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018
Mar 2017	\$6,656.13	\$90,704.89	\$577,540.96	(\$8,226.26)	\$33,922.40	(\$238,736.84)
Apr 2017	\$144,515.84	\$225,381.36	\$413,919.40	\$28,249.11	\$183,766.71	\$3,097.21
May 2017	\$101,094.84	\$144,059.63	\$88,392.40	\$27,927.20	\$233,579.47	(\$32,400.74)
Jun 2017	\$549,728.47	\$242,600.60	\$24,851.67	\$237,972.18	\$18,787.46	\$141,604.26
Jul 2017	\$398,427.60	\$165,040.32	\$231,571.51	\$120,397.13	(\$50,831.92)	\$122,650.47
Aug 2017	\$1,119,135.98	\$347,787.83	\$148,691.18	\$364,140.51	\$443,982.32	\$270,121.69
Sep 2017	\$4,518,992.91	\$1,067,408.15	\$510,909.67	\$699,291.60	\$107,116.23	\$95,108.96
Oct 2017	\$14,061,328.02	\$2,084,186.08	\$1,444,846.81	\$689,207.87	\$405,994.88	\$106,939.73
Nov 2017	\$53,011,122.80	\$7,353,080.29	\$2,349,427.80	\$1,948,185.07	\$707,191.43	\$167,955.20
Dec 2017	\$77,047,876.81	\$48,617,315.96	\$9,098,468.86	\$3,392,830.97	\$1,431,483.33	\$712,599.32
Jan 2018	\$2,059.27	\$49,321,666.73	\$33,974,158.97	\$10,244,780.91	\$2,476,174.39	\$1,754,680.42
Feb 2018	\$0.00	\$3,801.59	\$48,321,133.83	\$37,696,916.64	\$7,781,692.01	\$2,108,570.36

Claims Distribution Based on Age/Gender

The following is based on Incurred Medical and Pharmacy Claims from Jan-Feb 2018.

	Female			Male		
Age Group	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	1,240	\$2,405,123.59	\$1,939.62	1,241	\$2,390,853.97	\$1,926.55
Ages 1-4	5,276	\$1,272,508.16	\$241.21	5,539	\$1,562,432.21	\$282.08
Ages 5-9	7,736	\$1,702,096.41	\$220.04	8,176	\$1,760,667.01	\$215.36
Ages 10-14	9,293	\$2,359,101.87	\$253.86	9,634	\$3,482,702.11	\$361.52
Ages 15-17	5,826	\$2,301,270.64	\$395.03	6,107	\$2,493,383.77	\$408.32
Ages 18-19	4,045	\$1,791,460.08	\$442.88	4,106	\$2,251,206.41	\$548.34
Ages 20-24	9,662	\$3,958,032.88	\$409.67	9,178	\$2,544,913.78	\$277.30
Ages 25-29	8,405	\$4,401,327.95	\$523.69	5,074	\$1,039,594.80	\$204.89
Ages 30-34	9,338	\$5,289,192.00	\$566.45	5,337	\$1,466,441.60	\$274.77
Ages 35-39	11,395	\$6,086,674.03	\$534.18	6,614	\$2,603,701.77	\$393.69
Ages 40-44	12,315	\$8,886,920.86	\$721.66	7,407	\$4,427,476.62	\$597.74
Ages 45-49	14,658	\$10,668,172.66	\$727.83	8,893	\$6,436,816.92	\$723.81
Ages 50-54	15,176	\$14,417,337.89	\$950.01	9,923	\$9,523,219.35	\$959.76
Ages 55-59	17,531	\$21,255,893.10	\$1,212.47	10,521	\$12,130,232.73	\$1,152.95
Ages 60-64	19,755	\$26,070,657.73	\$1,319.70	12,119	\$18,614,911.90	\$1,536.01
Ages 65-74	2,488	\$3,515,514.83	\$1,413.27	2,031	\$3,645,161.91	\$1,795.20
Ages 75-84	163	\$204,206.08	\$1,252.80	167	\$694,637.23	\$4,172.00
Ages 85+	6	\$1,523.03	\$253.84	5	\$30,267.24	\$6,053.45
Total	154,303	\$116,587,013.79	\$755.57	112,068	\$77,098,621.33	\$687.97

Allowed Amount Distribution by Member Count

The following table shows the distribution of members for whom the amounts of charges within the specified ranges were allowed. The data appears for the years of 2014—2017 and year to date for 2018.

Allowed Amount	2014	2015	2016	2017	2018
less than 0.00	22	4	2	1	1
\$0.00 - \$499.99	66,180	72,760	72,620	71,222	129,751
\$500.00 - \$999.99	39,137	39,862	40,970	41,510	25,877
\$1,000.00 - \$1,999.99	43,065	41,247	40,960	42,041	16,928
\$2,000.00 - \$4,999.99	51,911	49,217	48,700	49,604	12,721
\$5,000.00 - \$9,999.99	29,515	26,834	27,283	26,724	4,392
\$10,000.00 - \$14,999.99	12,825	11,369	11,647	12,084	2,002
\$15,000.00 - \$19,999.99	6,755	5,605	6,153	6,368	927
\$20,000.00 - \$29,999.99	6,374	5,612	5,903	6,218	994
\$30,000.00 - \$49,999.99	5,272	4,475	4,841	5,070	594
\$50,000.00 - \$74,999.99	2,520	2,225	2,341	2,671	249
\$75,000.00 - \$99,999.99	1,037	944	1,122	1,200	90
\$100,000.00 - \$149,999.99	846	777	883	949	73
\$150,000.00 - \$199,999.99	344	320	332	372	26
\$200,000.00 - \$249,999.99	179	148	171	173	6
over \$249,999.99	326	231	253	281	12
Total	266,308	261,630	264,181	266,488	194,643

Summary of Enrollment and Claims

The following provides a summary of members, Incurred Medical Claims and Incurred Pharmacy Claims for the most recent rolling year.

Time Period	Members	Net Pay Med and Rx	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid Med	Scripts Rx
Mar 2017	263,625	\$109,863,994.33	\$76,353,112.06	\$33,510,882.27	728,081	307,255	412,991
Apr 2017	263,501	\$103,078,201.22	\$72,525,796.04	\$30,552,405.18	622,484	259,072	356,643
May 2017	263,511	\$113,907,628.90	\$79,633,384.56	\$34,274,244.34	677,403	283,021	386,639
Jun 2017	263,072	\$122,042,458.43	\$87,628,180.65	\$34,414,277.78	671,427	293,541	370,171
Jul 2017	262,229	\$117,705,783.04	\$84,182,551.72	\$33,523,231.32	645,383	278,385	359,464
Aug 2017	261,495	\$123,553,659.22	\$88,465,706.33	\$35,087,952.89	684,460	296,091	380,746
Sep 2017	260,408	\$115,383,627.88	\$82,103,144.87	\$33,280,483.01	652,953	270,899	374,936
Nov 2017	264,289	\$123,844,983.27	\$89,130,090.28	\$34,714,892.99	700,698	301,447	391,834
Oct 2017	263,913	\$126,203,126.66	\$90,659,564.15	\$35,543,562.51	718,781	312,562	398,984
Dec 2017	264,340	\$140,309,601.96	\$103,317,508.68	\$36,992,093.28	723,142	300,932	415,284
Jan 2018	266,817	\$97,773,520.69	\$65,892,785.57	\$31,880,735.12	690,603	290,065	392,280
Feb 2018	265,925	\$95,912,114.43	\$67,117,323.25	\$28,794,791.18	648,122	281,197	359,385

NOTE: Includes run out data from all Carriers

The following illustrates the change in incurred claims (includes Medical and Pharmacy) by rolling year.

Time Period	Members	Total Medical and Rx Claims	Total Medical Claims	Total Rx Claims
Mar 2017 - Feb 2018	263,594	\$1,398,373,334	\$995,554,603	\$402,818,731
Mar 2016 - Feb 2017	262,021	\$1,338,709,456	\$965,992,381	\$372,717,075
% Change (Roll Yrs)	0.60%	4.46%	3.06%	8.08%

Appendix A

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees' Health Plan for members of the Kentucky Group Health Insurance Board (KGHIB).

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

This report is compiled using Advantage Suite, which is DEI's health insurance information management system. Truven warehouses enrollment and claims data on behalf of the KEHP. Enrollment data is provided by DEI while claims data is provided by KEHP's Medical and Pharmacy administrators

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding and dropping dependents, marriage, divorce, Medicare eligibility, etc. Therefore, Advantage Suite is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2016, Advantage Suite processed enrollment information for a total of 262,032 members as well as 7,988,668 claims (3,350,167 Medical claims and 4,553,510 prescriptions) from different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Advantage Suite.

Appendix B—Definitions

- ***Allowed Amount*** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- ***Carrier*** refers to claims listed by carrier. (Please note that CVS data is designated as Anthem).
- ***Days Supply*** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- ***Employee*** represents an individual eligible to participate in KEHP as a retiree, or by being employed by one of the agencies that participate with KEHP (example: state employee, school board, quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Advantage Suite deals with Cross-Reference plans uniquely. Although there are in fact two “employees” Advantage Suite can only designate the planholder as an employee. Therefore, the Cross-Reference spouse is considered a dependent and all claims and utilization data related to that spouse is counted as a “member”.
- ***Generic Efficiency*** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- ***Group*** is Kentucky Retirement System (KRS), Kentucky Teachers’ Retirement System (TRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, and Quasi/Local Governments).
- ***Incurred Claims*** refer to paid amounts for claims that were incurred in a specified timeframe.
- ***IP*** refers inpatient procedures and/or claims.
- ***LOS*** refers to length of stay of an acute admission.
- ***Mail Order*** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- ***Member*** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- ***Member Cost per Script*** is the average net amount paid per prescription filled per member (Net Pay Rx/Members).
- ***Net Payment*** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- ***OOP*** is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- ***OP*** refers to outpatient procedures and/or claims.
- ***OP Rad*** refers to outpatient radiology claims an/or patients.

Appendix B—Definitions *(continued)*

- ***Paid Claims*** specify the paid amount for claims regardless of when the claims may have been incurred.
- ***Patient Cost per Script*** is the average net amount paid per prescription filled per patient (Net Pay Rx/Patients).
- ***Patients*** is the unique count of members who received facility, professional, or pharmacy services.
- ***Plan*** is CW Standard PPO, CW Capitol Choice, CW Optimum PPO, CW Maximum Choice, Standard PPO, Standard CDHP, LivingWell PPO and LivingWell CDHP.
- ***Rcnt SGovt*** refers to recent State Government benchmarks.
- ***Rcnt US*** refers to recent US national benchmarks.
- ***Retail*** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.